

## THE PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN PROGRAM FORMS

### **MC 263 PreMed Application Package**

This form is used to enroll eligible patients into the Presumptive Eligibility for Pregnant Women Program and must be ordered directly from the Department of Health Care Services (DHCS), PE Program Support. These forms are printed by DHCS with provider specific information and shipped directly to you. These forms can be ordered by fax at 1-800-409-1498 or call the PE toll free message line at 1-800-824-0088 or mail with a completed MC 285 Presumptive Eligibility Forms Order to the following address:

Department of Health Care Services  
Medi-Cal Eligibility Division, MS 4607  
Presumptive Eligibility Support Unit  
P.O. Box 997417  
Sacramento, CA 95899-7417

### **PE for Pregnant Women Program Supplemental Forms**

The following forms are available for download from the DHCS website or Medi-Cal website. These forms are used to determine your patient's eligibility, report eligible patients to DHCS and provide information to your patients and staff. If unable to access the websites, you may contact the PE Support Unit and an original will be faxed or mailed to you for reproduction at your convenience.

MC 263 S-R SP	Statement of California Residency
MC 263 S-R	Statement of California Residency (Spanish)
MC 264	PE Patient Fact Sheet
MC 264 SP	PE Patient Fact Sheet (Spanish)
MC 265	Patient Directions for PE Application
MC 265 SP	Patient Directions for PE Application (Spanish)
MC 266	Directions for Medi-Cal Application
MC 267	Explanation of ineligibility for PE
MC 267 SP	Explanation of Ineligibility for PE (Spanish)
MC 283	Weekly PE Enrollment Summary
MC 285	PE Forms Order
MC 286	PE Provider Fact Sheet

These forms are available for download from the DHCS website.

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBbyNumber.aspx>

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/MCEBTranslatedForms.aspx>

These forms are also available for download from the Medi-Cal website under Health Access Programs (HAP): <http://files.medi-cal.ca.gov/pubsdoco/forms.asp>

### **PUB 68 – Medi-Cal: What it Means to You**

The publication can be ordered from the DHCS Warehouse by fax or mail with a DHS 2031 to:

Department of Health Care Services  
Warehouse – Forms Processing  
1037 North Market Boulevard, Suite #9  
Sacramento, CA 95834  
Telephone: (916) 928-9217  
Fax: (916) 928-1326

If you do not have the DHS 2031, order it by faxing your business letterhead to the above address.